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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 2267

SERIAL NUMBER 09/944,932	FILING DATE 08/31/2001 RULE	CLASS PLT	GROUP ART UNIT 1661	ATTORNEY DOCKET NO. PH39	
APPLICANTS Bernard Tickner, Bury St. Edmunds, UNITED KINGDOM; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/03/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS 26841 MARK P. BOURGEOIS P.O. BOX 95 OSCEOLA, IN 46561					
TITLE Euphorbia plant named "Charam"					
FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____		



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APPLICANTS Bernard Tickner, Bury St. Edmunds, UNITED KINGDOM; ** CONTINUING DATA ***** <i>none</i> Am2 ** FOREIGN APPLICATIONS ***** <i>none</i> Am2 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/03/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Am2</i> Examiner's Signature Initials		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 1
INDEPENDENT CLAIMS 1				
ADDRESS				
26841				
TITLE				
Euphorbia plant named "Charam"				
FILING FEE RECEIVED 245	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	